STATE OF MARYLAND-CERTIFICATE OF DEATH

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1	1	1	a.
)	U	3	-

1. PLACE OF DEATH	117-20	
County Somercet	Registration Dist. No. 26	0
Village or City Frinces Anne	NoSt.,	Ward
	f death occurred in a hospital or institution, give its NAME instead of street and n	
Langth of rasidanca in city or town where death occurredyrsmos		sds.
2. FULL NAME LOOP 90 W. Ballare	If U. S. Veteran, specify WAR	
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Queo. 21	602 6
"Jarried	(Month) (Day)	(Yaar)
5a. If marelad, widowad, or divorced HUSBAND of 17 & Decca 13a11ara	22. I HEREBY CERTIFY. That I attended of	decaased from
(or) WIFE of	acog 10 4 1936, 10 aug 21	1936
6. DATE OF BIRTH (month, day, and yeer)	I last saw w some aliva on Queg 26 , 1936	; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at & - 29 Am.	
₩ 6	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance were es follows:	
8. Trada profession or particular	were es fortows.	Date of enset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation from the and this occupation from the and		. ,
9. Industry or business in which work was done, as SILK MILL,	dostric Olcer	6/15/33
SAW MILL, BANK, etc. +arm Oabor		///
year) del grando de occupation de 2/	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Do Ton erset County		
(State or country) In any laved	Thema Cemesos	8/14/36
13. NAME deorge Po. Ballara		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an a	utopsy? AD
15. MAIDEN NAME / Bellio Marshall 16. BIRTHPLACE (city or town)	23. If deeth wes due to externel ceuses (VIOL ENCE) fill in elso the following	
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
S (Stete or country)	Where did injury occur? (Specify city or town, county and State	
17. INFORMANT 19 epecca 13allard	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.
(Address) Preserve aceue ind		
18. BURIAL, PREMATION REMOVAL	Manner of Injury	
Place 10 January 10 10 10 10 10 10 10 10 10 10 10 10 10	Nature of injury	
19. UNDERTAKER Whengeth	24. Was diseasa or injury in any way related to occupation of deceased?	سه
(Address) Ja Tum hu	If so, specify	
100 FILED 8 23 1936 Dr J. J. Smith	(Signed) Glodon A. Javes mus	M. D.
Registrar.	(Addrass)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis CFP 3	1921	Run over by street car	1 week ago
Cerebral hemorrhage \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	100	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis and 8 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PHINEAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	PLACE C	F DEATH	rset				-
	County					Registration Dist. No.	V
-	Village or City Crisfield					NoSt.,	Ward
		sidance in city or	town whare de	eth occurred7	L yrs Co mos	f death occurred in a hospital or institution, give its NAME instead of street and number death. How long in U.S. if of foraign birth?yrsmos	nber) ds.
2.	FULL NA	MEGOI		Bedsw	orth	If U. S. Veteran, specify WAR	
	(a) Reside	nce: No.	Mari	MCTS (Usual place	e of abode)	St., Ward. If nonresident give city or town and Ste	ate
	PERSOI	NAL AND S	TATISTIC	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) W10 OW ed				RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month) (Day)	93 6 (Yeer)
F	married, wido IUSBAND of or) WIFE of	wad, or divorced	Them!	s Beds	-outh	224 I HEREBY CERTIFY. Thet I ettended dec	100
	017 1111111111		THAT TO	a Deup	WOIGH	pau 1 , 1925, to leng 12 , 196	
6. DA	TE OF BIRTH	(month, day, and	year)	5-9 186	55	I last saw h aliva on Oue 12 1984 ;	-
7. AGE	71 Ya	ers 3	Months	3 Deys	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated abova, at 2.06 P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
NOI	8 Trade profession or particular						7-1-6-3
OCCUPATION	9 findustry or work was SAW MI	business in whice as done, as SILK I ILL, BANK, etc	h MILL,				
0 10	this occi	sed last workad e upation (month an	t ?	spe	tima (yaars) ? ent in this supation		
12. Bi	RTHPLACE (c		Crisf	ield Md		Other Contributory Causes of importance:	a flag
œ 1	3. NAME	John	a Tr We	rd		Clima mysculete "	-
E	I. BIRTHPLAC	E (city or town)			field	Nama of operation Dete of	
~		r country)		m7 1	Mq	What test confirmed diagnosis? Was there an auto	psy?
E	S. BIRTHPLAC	E (city or town)	en Ste	Crisfi	eld	23. If death was dua to external ceuses (VIOLENCE) fill in elso the following: Accident, suicida, or homicida?	19
Σ		r country)			Mg	Whare did injury occur?	-,
17. INFORMANT Mrs Henry Bedsworth (Addrass) Crisfield Md						(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BU		TION, OR REMOV	AL	DataAUS		Menner of injury	
19. UNDERTAKER DM A Dead Face (Address)				ods	fan	Nature of injury 24. Wes disease or injury in eny way related to occupation of decaesed?	
20. FIL	ED A	y 14, 193	66	Elev	Registrar.	(Signad) Arry & Coulling.	M. D.
1			If more bla	inks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1:12 - 1006	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Cereural nemormage			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		a policina canalidate	
	1		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

this

N. B.

of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

8537

1. PLACE OF DEATH	,	
County Omerse	7	Registration Dist. No. 2—70
Village or City Crus x	ill	No. Marines Road St. Ward
Length of residence In city or town whe	re death occurred 20 yrs. 9 mos	f death occurred in a hospital or institution, give its NAME instead of street and number)
()	re death occurred yrs	s?ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME THE	no o see	If U. S. Veteran, specify WAR
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Gn G	OR DIVORCED (write the word)	Oug. 28 , 193 6
5a. If married, widowed, or divorced	The Contract of the Contract o	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	Tenso Bell	22. HEREBY CERTIFY, That I attended decessed from
0-	1 1 1866	199 6, 10
	Worlt + day interior	I last saw h alive on 1994; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et
70	ormin.	were as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Carpentin	Coressiana of Slander
Andustry or business in which		and Lung!
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and	3.5 11. Total time (yeers) spent in this	
year)	occupetion	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Cild	There is a free for a
(State or country)	mg	
13. NAME Charles	2 Bell	V
14. BIRTHPLACE (city or town)	rustield	Name of operation Date of
(State of Country)	1 And	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	mah Cox	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	mediald,	Accident, suicide, or homicide? Date of injury19
∑ (State or country)	And	Where did injury occur?
17. INFORMANT / Cog (Address)	u Bell	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury
Place Marine Con	V Date (tug 30, 19 36	Neture of injury
10 HADERTAKED Joshna AV	Britstan	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER (Address)	el ong	If so, specify
Gen 29 31 /1	2 Chapping	(Signed) C. C. Struck M. D.
20. FILED. 19 10 10 10 10 10 10 10 10 10 10 10 10 10	Registrar.	(Address) Craspull, and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis SEF 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	8538
County Somocset near	Registration Dist. No. 770
Village or City Mc Erradu Hostulal Crustal	No. No. St., Ward
Length of residance in city or town where deeth occurredyrsmos	death occurred in/a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
PD 1 12 12	100 100 100 100 100 100 100 100 100 100
, on	O. Wd
(a) Residence: No. Marion (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH
male boloved marred	(Morth) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, Thet I attended deceased from
(or) WIFE of Oddie Bell	Deep 3 1986 to Cary 9 1986
6. DATE OF BIRTH (month, day, and year) Auly 4 1888	I last saw h alive on P, 19. 3 - death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 2
48 1 5- 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular	Dete of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done as SILK MILL	acut the plant.
9 Industry or business in which work was done, as SILK MILL, Laboras	Cerelin Houndays
10. Date daceesed last worked at 11. Total time (years)	
this occupation (months occupation spent in this occupation	
12. BIRTHPLACE (city or town # ofer & Ll	Other Contributory Causes of importance
(State or country) Somewat Co Ind	Just hat lumal y rough ly key 234
13. NAME Harace Bell	Neck Lett templat + occipital bones
13. NAME HORACO Bell 14. BIRTHPLACE (city or town) Marion	Nama of operation Oate of
(State or country) Somered Co	What test confirmad diagnosis?
15. MAIDEN NAME Cellen Steward	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) hestore	Accident, sulcide, or homicide? Krassada Date of injury lay 2, 19 3 f.
(State or country) Somewet	Where did injury occur? Crack (Specify city or town, county and State)
17. INFORMANT Hanny I would	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18, BURIAL, CREMATION, OR REMOVAL T	Manner of Physician about
Place brown Banch Date ang 19, 19 36	
PO di	24. Was disaasa or injury in any way related to occupation of daceased?
19. UNDERTAKER (Black To Wald) (Address)	If so, spacify A.
A13 3/ Guela la la sun-	(Signed) Derry & 6.6 outher M.D.
20, FILED POS GUILLA TO VILLAGE Registrar.	(Address) marion sto new
If more blanks are needed, a dress State Regustrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis 3 1930	1921	Run over by street car	1 week ogo	
Cerebral hemorrhage SEAUV. S	July 5,1927	Peritonitis	3 days ogo	
Other contributory causes of importance:		Other contributory causes of importance:	,	
Gallstones	Moy 1,1923	Gastroenteritis,	i year	
		Sec	1	
			J* 129	

STATE OF MARYI AND-CERTIFICATE OF DEATH PHYSICIANS should state Exact statement of OCCUPA. Every item of infor-

1. PLACE OF DEATH	1		- PRO	
County Sam	nerset		Registration Dist. No. 2	04
Village or City U	pper thill		No.	Ward
		(1	death occurred in a hospital or institution, give its NAME instead of street ands. How long In U.S. If of foralgn birth?yrs	d number)
2. FULL NAME	enry Ho	ober Bo	995 If U. S. Veteran, specify WAR	
(a) Residence: No.		1	St., Ward,	
		lace of abode)	If nonresident give city or town a	nd State
	STATISTICAL PAR		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR C	OR DIVO	MARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH 30 (Month) (Day)	193 6 (Yeer)
5a. If martied, widowed, or divorced HUSBAND of (or) WIFE of	nie Tary	13.095	22. I HEREBY CERTIFY. That I ettende	/
C DATE OF BIRTH /	-marc	h 23 187		6; death is said
6. DATE OF BIRTH (month, day, and 7. AGE Years 6. A4	Months Days	If LESS than	to have occurred on the date stated ebove, at 7:12 bm.	eath is said
GH	5 7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence	
8. Trada, profession, or partic	ular	ormin.	were as follows:	Dats of oneet
kind of work done, as SAWYER, BOOKKEEPER SAWYER, BOOKKEEPER JINDUSTRY OF BUSINESS IN W Work was dona, as SILM SAW MILL, BANK, etc 10. Data dacaasad last workad	SPINNER. I	_		
9 Industry or business in wh work was dona, as SILM SAW MILL, BANK, etc	ich a	P,	Gerebral Gamerrhage	8/23/
SAW MILL, BANK, etc	The m	habor	Out Block of the Mark of the M	0/-0/2
cins occupation (month	at and Sta 211. To	tal tima (yaars) spant in this 5043		
year)		occupation	Othar Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)	UBBOR	aill		
12. BIRTHPLACE (city or town) (State or country) 13. NAME	Marylan	nac		
13. NAME	n / ws. /=	20800		
14. BIRTHPLACE (city or town)	Upper	18 511	Neme of operation Date of	
(Stata or country)	Tydryler	de	What tast confirmed diagnosis? Carra Was there a	n autopsy?
15. MAIDEN NAME /	ary eliga	both Water	23. If deeth wes due to external causes (VIOLENCE) fill in also the follow	ing:
16. BIRTHPLACE (city or town) State or country)	U Copper	48:11	Accident, suicide, or homicide? Date of injury	, 19
∑ (State or country)	Tilteryle	nd	Whare did injury occur?	
	1. 1Bogg	C	(Specify city or town, county and S Spacify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC I	tate) PLACE,
(Address)	pp+ 15191	, T.12		
Landa	DOWAL A- A Do	ard .	Mannar of Injury	*************
	Date	1986	Netura of Injury	
19. UNDERTAKER Sterf	ert wils	010	24. Was disaase or injury in any way related to occupetion of decaasad?	no
(Address) lift	ergation	ound	If so, specify 6	
20. FILED Rug 31/ 193	16 / E Die	feirson	(Signad) Oldon a. Juldom	au M. D.
		Registrar.	(Address) Princeso Que	10. TILD.

N. B.—WRITE PLAINLY V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

UNFADING INK-THIS IS A PERMANENT

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

Ord. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-

mation should be carefully supplied. AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be B.—WRITE PLAINLY

ż

JARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

Mall Add Depth OR DIVORCED Couries the word) 58. If married, widowed, or divorced HUSANDO of HUSAN	1. PLACE OF DEATH	- DEATH
Village or City Length of residence in city or town where death occurred. And St. How long in U.S. If of foreign birth? A. St. How long in U.S. If of foreign birth? A. St. How long in U.S. If of foreign birth? A. St. How long in U.S. If of foreign birth? A. St. How long in U.S. If of foreign birth? A. St. Ward. If nonecident cive city or town and State PERSONAL AND STATISTICAL PARTICULARS S. S. S. Ward. A. COLOR OR BACE S. SINCE MARKE D. WOODED OR DIVORCED (sprint; the word) OR DIVORCED (spri	County Jamesel 4	Registration Dist. No. 263
2. FULL NAME (a) Residence: No. Mellian County and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR BACE 5. SINCLE MARRIED, WIDOWED, OR DIVORCEO (quire the word) 53. If married, widowed, or divorced (or) wife of or) wife of or) wife of 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 7. AGE 7. AGE 8. Trade, profession, or particular ments 8. Trade, profession, or particular ments 8. Trade, profession, or particular ments 9. SAYVER, BOOKKEPER, etc. 9. January 10. Detector of the date stated above, at 1. Sale. 11. Total time (years) 12. BIRTHPLACE (city or town) (Slate or country) 13. NAME 14. BIRTHPLACE (city or town) (Slate or country) 15. MAIDEN ANNE 16. BIRTHPLACE (city or town) (Slate or country) 16. BIRTHPLACE (city or town) (Slate or country) 17. INFORMANT 18. BIRTHPLACE (city or town) (Slate or country) 18. Manner of injury 19. Manner o	/ \ (1	NDSt.,Ward if death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. Mallack (Dust place of shocks) PERSONAL AND STATISTICAL PARTICULARS 3. SEX	5/:0: 500	14
3. SEX 3. SEX 4. COLOR OR BACE OR DIVORCED (spoile the word) OR DIVORCED (spoile the word) (Month) (Day) (Year) 22. I HEREBY CERTIFY. That I attended deceased from (Sall or word) 4. COLOR OR BACE OR DIVORCED (spoile the word) (Was 1 married, widowed, or divorced (Month) (Day) (Year) 22. I HEREBY CERTIFY. That I attended deceased from (No dith) (Year) 23. If LESS than 1 day. hrs. ormin. 1 da	(a) Residence: No. Mount Devan	St., 5 Ward.
MALL SAW MILL, BANK, etc. BIRTHPLACE (city or town). (State or country) Many Marting Middle Sall Many Marting Many Marting Many Marting Many Marting Martin	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. If married, widowed, or divorced HUSARD of Converted HUSARD OF	OR DIVORCED (qurite, the word)	Mug. VV 1936.
S. DATE OF BIRTH (month, day, and year) Months Days If LESS than 1 day, hrs. of min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: S. AYER, BOOKEEPER, etc. Journal of work was done, as S. BILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) To. Date deceased last worked at this occupation (month and year) Other Centribetery Causes of Importance: What test confirmed diagnosis? Date of Of What test confirmed diagnosis? Date of	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Selective or besides in which work was one, as SILK MILL, SAWWILL, BANK, etc. 11. Total time (years) spent in this occupation mount and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, OREMATION, OR REMOVAL (Address) 19. UNDERTAKER 19. JOHN SAWER, BOOKKEPER, etc. 10. Date of sax occupation mounts and large and sax occupation of deceased? 17. INFORMANT (Address) 18. BURIAL, OREMATION, OR REMOVAL (Address) 19. UNDERTAKER 19. JOHN SALLEARER (Address) 19. UNDERTAKER 19. JOHN SALLEARER 10. JOHN SALLEARER 10. JOHN SALLEARER 10. JOHN SALLEARER 11. Total time (years) Spent in this occupation Other Contributory Causes of Importance: 19. JOHN Contributory Causes of Importance: 20. JOHN Contributory Causes of Importance: 21. He principal Causes of Importance: 22. John Contributory Causes of Importance: 23. If death was due to external causes (VIOLENCE) fill in also the following: 24. Was disease of Injury Importance: 24.	6. DATE OF BIRTH (month, day, and year) (MUS. 14, 1876)	
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Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. The Contributory Causes of Importance: Other Contributory Oth	work was done, as SILK MILL, SAW MILL, BANK, etc.	
12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. BIRTHPLACE (city or town) Accident, suicide, or homicide? Blanking bate of injury. In June 19.	This occupation (month and 1 9) 4 Spent In this 1 1 6 MA.	
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What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? 23. if death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Occupation of injury in any way related to occupation of deceased? Accident, suicide, or homicide? Occupation of deceased? Where did Injury occur? Occupation of deceased? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Occupation of injury in any way related to occupation of deceased? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Occupation of injury in any way related to occupation of injury in any way related to occupation of deceased? What test confirmed diagnosis? What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Occupation of injury in any way related to occupation of deceased? What test confirmed diagnosis? Where did Injury occur? Occupation of injury in any way related to occupation of deceased? If so, specify (Signed) Occupation of deceased? If so, specify (Signed) Occupation of deceased? Occupation occupation of deceased? Occupation occupation of deceased? Occupation occupatio	13. NAME N. J. C. Drunds	
15. MAIDEN NAME / LAWILLA C. Nugles 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Lawing	(State of country)	
Accident, suicide, or homicide? Occupation of injury & 21 f, B & Where did Injury occur? A fearer Mil. France, and (Specify city or town, county and State) 17. INFORMANT ACE TO THE STATE OF THE SPECIFY Whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Fearer Manner of injury In any way related to occupation of deceased? 19. UNDERTAKER ACE ACE ACE OF THE STATE OF	T TOUR KEY	
17. INFORMANT FOLLA JULIAN, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Must Julian Date 8/4/36, 19 Manner of injury Feedbluse 944 52, 64 selection of deceased? 19. UNDERTAKER Address) Folkalish Manner of injury In any way related to occupation of deceased? (Address) If so, specify (Signed) (Signed) M. D.	[16. BIRTHPLACE (city or town)	Where did Injury occur? at hence Mil funa, post
19. UNDERTAKER A Silf M. Date 8/14/36, 19 Nature of injury for a securification of deceased? 24. Was disease of injury In any way related to occupation of deceased? 24. Was disease of injury In any way related to occupation of deceased? 26. FILED M. D. (Signed) (Signed) (Signed) M. D.		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
20. FILEDUS, 24, 1926, Stephen, O. Hopks. (Signed) The Oblively M.D.	18. BURIAL, CREMATION, OR REMOVAL The Proce plant of Aury Date 8/14/36, 19	0
20. FILEDUSC, 24, 1926, Stephen, O. Hopk. (Signed) The Oblivelley M.D.	19. UNDERTAKER IS NILL & JAMES Co. (Address) Salashur, M. C.	
Acgistrar, " (Mudiess)	20. FILED Case, 24, 1902 C. Stephen, O. Hopken.	

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
E ↑EAU V.	\$. <u> </u>		
Other contributory causes of importance: .		Other contributory causes of importance:	- (de la 1
Gallstones	May 1,1923	Gastroenteritis	1 year
	JELLI		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

ARGIN

V. S. No.

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Example 1	1		Example II	
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Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	a trap all distances as a figure of the	-1921	Run; over by street car	1 week ago
Cerebral hemorrhage	REG	July 5, 1927	Perilonitis	3 days ago
	950	بة 103B		
Other contributory causes of import	ince:		Other contributory causes of importance:	
Gallstones	BURE	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Registra

If more blank are needed, addre State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

8542

Date of enset

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Control of the Contro			
			4

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH
01/11 - 01	WINTER CERTIFICATION	01	

1. PLACE OF DEATH	46-C)
County Omeract	Registration Dist. No. 2
Village or City () respected	Minoceagly Almond Hospily St. Ward
Length of residence in city or town where deeth occurred O vrs. 3 mm	If death occurred in a hopital or institution, give its NAME instead of street and number) os. ds. How ong in U.S. If of foreign birth? yrs. mos. ds.
1 1	
2. FULL NAME Hady Way Cooper	If U. S. Veteran, specify WAR
(a) Residence: No. / (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
T OR DIVORCED (write the word)	(Magth) (May) (Year)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of John Cooper	22. I HEREBY CERTIFY. That I attended decesed from
11.001509	
6. DATE OF BIRTH (month, day, and yeer) WILLY 18 9 9 7. AGE Yeers Months Devs If LESS than	to heve occurred on the date steted above, at 19 4 m.
3 /	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows Acute Dil of Heart Data of one at
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and	Hemorr hage you
9. Industry or business in which	perforated wither of decending.
work was done, es SILK MILL, SAW MILL, BANK, etc.	Wanter -
and occupation (month and // /) Spent in this	
10.	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Mgu (State or country)	Carcinoma of Sidmoid Thai
	- Creating & Signary Hans
I To I	- 7 ade
4. BIRTHPLACE (city or town) Mgu (State or country)	Neme of operation
	Whet test confirmed diagnosis? Wes there an autopsy?
10 - 20	23. If deeth was due to externel ceuses (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
Mis Asither Dayles	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT /// DEP/174 PULPAS (Address) Tongitt Va.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Mgy Va Date Weg 26 , 1931	Neture of injury
19. UNDERTAKER JAM a Brotofan	24. Was disease or injury in any way reteted to occupation of deceased?
(Address) Cudulg Fro	if so, specify
20. FILED CALLY 36 18 Coleally	(Signed) Dunge Conclusion M. O.
Registrar.	(Address) munos sa may
If more blanks are needed, address State Registrat	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis (D)	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH U8755
1. PLACE OF DEATH	
County Armerset	Registration Dist. No. 260
Village or City Prencess Quil	No. 225 Bechford and St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Saly Bry Cottina	If U. S. Veteran, specify WAR
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. 1f merried, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
Cun 19 1920	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, end yaar) 7. AGE Years Months Days If LESS then	I last saw h; deeth is said
1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc.	Stillton
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
O l10. Date dacaased last worked at this occupation (month and spent in this occupation cocupation occupation	
12. BIRTHPLACE (city or town)	Dthar Contributory Causes of Importanca:
13, NAME (Paterice) (ottman)	-
13. NAME (lateuce (ottman)) 14. BIRTHPLACE (city or town) Singstyn (Stete or country)	Name of operation
	What test confirmed diagnosis?
15. MAIDEN NAME Magge Coffee 16. BIRTHPLACE (city or town) Meanwall (State or country) Manual (State or country)	23. If daeth was due to external causes (VIOL ENCE) fill in also the following: Accidant, suicide, or homicide? Date of Injury
17. INFORMANT Maggie Coffman (Address) Orthogens Common Maggie	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place V Clesses	Manner of Injury
19. UNDERTAKER	24. Wes disease or injury in any way ralated to occupation of deceased?
20. FILED R/25, 193 6 9 June Registrar.	(Signad) Mb. W. un allundoncy) M. D. (Address)
If pore blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example	I		Example II	
The principal cause of death and of importance were as follows: Arteriosclerosis	related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronie interstitial nephritis	2 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	E.F.	July 5, 1927	Peritonitis	3 days ago
18	AEAU V.	- And Annual Property		
Other contributory causes of imp	ortance:		Other contributory causes of importance:	
Gallstones	*	May 1,1923	Gastroenteritis	1 year

Stated EXACTLY. PHYSICIAMS stated EXACTLY. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING B.—WRITE PLAINLY, WITH

V. S. No. 1

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mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

certificate.

PHYSICIANS should state CORD. Every item of inforCTATE OF MADVIAND CEDTIFICATE OF DEATH

County	Somerset			92:30 Registration Di	ist. No. 17P
2. FULL NA	idenca in city or town where Herma	death occurred 9	yrs. O mos.	death occurred in a horpital or institution, give its NAME; How long In U.S. if of foralgn birth? If U.S. Veteran, specify WAR	St.,Ward instead of street and number) yrsds.
(a) Kesiden	nce: No. Mar	(Usual place o	f abode)	St., Ward. If wonresident gi	ve city or town and State
	AL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE	OF DEATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MARR OR DIVORCED Marrie	(write the word)	21. DATE OF DEATH	5 , 1936 (Yaar)
5a. If married, widow HUSBAND of (or) WIFE of		anch Cro	ckett	22. I HEREBY CERTIFY	. That I attended deceased from
6. DATE OF BIRTH OF AGE Aboout 4		Days	of birt If LESS than I day,hrs. ormin.	to have occurred on the data stated above, at 7. A The PRINCIPAL CAUSE OF DEATH and related causes were as follows:	
kind of v SAWYER, 9-Industry or work was SAW MII 10. Date decaas this occu	ession, or particular work dona, as SPINNER, ,, BDOKKEEPER, etc business in which is done, as SILK MILL, LL, BANK, etc eed lest workad at epation (month and	Boats 935 11. Total tin		<i>U</i>	Cak Elekin Jp. 193
12. BIRTHPLACE (ci	.,	gier	Va	Other Contributory Causes of Importanca:	
13. NAME	Henry C:	rockett			
	E (city or town)r country)	Tangie:	r Va	Name of operation	Date of
	E (city or town)	22		23. If death was due to external causas (VIDL ENCE) fill I Accident, suicide, or homicide? Da Whare did injury occur?	n also the following: te of injury, 19
18. BURIAL, CREMAT	TION, OR REMOVAL	410	^	Manner of injury	
19. UNDERTAKER (Addrass)	John a B	rads	haw	24. Was disaase or injury in any way related to occupate	
20, FILED. Care	78,1936 V	bek.	Registrar.	(Signed) S. M. Jey T. M. (Address) Cris well, m	M. I

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Date of onset	The principal cause of death and related of importance were as follows: Attack of epilepsy	Date of onset
	Attack of epilepsy	1 meek ago
		1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	Maria II
May 1,1923	Gastroenseritis	1 year
	July 5,1927	July 5, 1927 Peritonitis Other contributory causes of importance:

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of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

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)	3	4	ę)	

1. PLACE OF DEATH	(130)
County Onurse	Registration Dist. No. 260
Village or City / runcus anne	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 26-yrsmo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Franchein Curtis	If U. S. Veteran, specify WAR
(a) Residence: No. Beckford are	St., Ward.
(Usual place of abode)	If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Nove	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) unlerown	I lest sew alive on Que 154 1986; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete steted above 12:00, No 7
2 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et bis occupation (month end) 11. Total time (years)	Queto Nephritiss caused 7/24/8
SAW MILL, BANK, etc	by exposure to get and cold of for
11. Total time (years) this occupetion (month end year) year)	about two weeks. Cer & Robard.
(D) - (1)	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Somesat	
13. NAME Reply Civilis 14. BIRTHPLACE (city or town) Princess and	Name of operation Date of
(Stete or country)	What test confirmed diagnosis? Or wolffis Wes there an autopsy?
15. MAIOEN NAME Morths Boston	23. If death was due to external causes (VIOLENCE) fill In elso the following:
15. MAIOEN NAME Malke Boston 16. BIRTHPLACE (city or town) Arin Clif. Ann. (State or country)	Accident, suicide, or homicide? Dete of injury, 19
X (State or country) Somerat	Where did injury occur?
17. INFORMANT Martha Curlis (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place rincesq line Dete lug 18, 19.3)	Nature of injury
19. UNOERTAKER JOHN Al Bradshaw (Address)	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED 8-16, 1936 J. Duith	(Signed) Oldore d. Javaman M. O. (Address) Princepp Quice The
V	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU T. S.	i.		la ale
The second secon		THE RESERVENCE OF THE VIBRAGE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF			YLAND—	CERTIFICATE		8547
County	Somorsot	·			Registration Dist. No. Z	-6 3
	enca in city or town where	00	e Ser (III	1	St. itution, give its NAME instead of street of foreign birth?yrs	and number)
2. FULL NAN (a) Residence	_/	e Jan Versalplace		Shielda NSI. Ward.	If nonresident give city or town	
PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL	CERTIFICATE OF DEAT	Н
3. SEX	4. COLOR OR RACE		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH	(Month) (Day)	, 193. 6 (Yasr)
5a. It married, widowe HUSBANO ot (or) WIFE of	d, or divorced			22, I HEREB	Y CERTIFY, That I atte	nded deceased from
(OF) WIFE OT				aug 154	,19.36, to Que	6, 193.6.
6. DATE OF BIRTH (nonth, day, end year) A	bril 4	36	I last sawn on aliva on	Dug 15th, 192	3.6.; death is said
7. AGE Year	s Months	Days	It LESS than 1 day,hrs. ormin.	to have occurred on the date sta Tha PRINCIPAL CAUSE OF DE. were as tollows:	ated above, at 11: 15 m. ATH and related causes of Importance	Data of onset
9. Industry or b work was SAW MILL 10. Date deceasa this occup year)	done, as SILK MtLL, , BANK, etc. d last worked at elion (month and elion (month)	spar occu	ma (years) It In this Inpation	Painton Canse: So Awatia Other Contributory Causes of Im	n: three weeks.	8/1/3
13. NAME 14. BIRTHPLACE (State or company)	. ,	ary low	മ ,	Name of operation	Dete Wes thard	
15. MAIOEN NAN	E Amnie	Euka T	Tao Harris		causes (VIOL ENCE) fill in atso the follo	
15. MAIOEN NAM 16. BIRTHPLACE (State or 17. INFORMANT	Annie /6.		one S	Whara did injury occur?	(Specify city or town, county and in INOUSTRY, in HOME, or in PUBLI	d State)
18. BURIAL, CREMATI	ON, OR REMOVAL	1	1/2	Menner ot Injury		
Placa 221	Version	Data Ang	16,1986	Nature of Injury		
19. UNOERTAKER _ (Address)	Vale De	Amel	Ind .	24. Was disease or injury in any	way related to occupation of deceased	J?
20. FILED COLF	16,036,08	tep kens	O. Hank	(Signed) 604 m	newcesa Que	man M. D
	If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore,	Requesting U. S. No. 1.	1

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Example I	wa so .	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SED 8 19.00	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Annual destruction of the control of	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Gallstones	May 1,1923	Gastroenteritis	1 ye

1. PLACE OF DEATH	120
County & mersel	Registration Dist. No. 267
Village or City Dames quarter	NoSt Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Thomas Si	adden
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
+ W widowed.	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That Lattended deceased from
(or) WIFE of Samuel & ladden.	1 HEREBY CERTIFY, That I attended deceased from
Mat 24 185-6	I lest saw hM elive on Man a 3 4 / 1934 death is said
6. DATE OF BIRTH (month, day, and year) UCI J 4. 15 5 6 7. AGE Years Months Days If LESS than	to have occurred on the dete stated above atm,
7 d 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows: Date of one of
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	(my) (marous
SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked et this occupation (month and	
10. Dete deceased last worked et 11. Total time (years)	
o this occupation (month and byear) spent in this left	
10 000	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) downless Clarks (State or country)	- Sangel g griff
13. NAME Thomas Shares	1) Innlite
H	
[14. BIRTHPLACE (city or town)	Neme of operation
	What test confirmed diagnosis?
I IS. MAIDEN NAME	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME and shares. 16. BIRTHPLACE (city or town) Dames Gunter (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country) maryland.	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Charles & Wishblemen	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Baltimere and	
Place Chance Come Date Sept 2 1931	Manner of injury
PD 10 10	Nature of injury
19. UNDERTAKER O harles Dashell	24. Wes disease or injury in any way related to occupation of deceased?
(Addiess) Princess Cime 7 and	If so, specify Daniel A
20. FILED Sept 2, 1934 Mrs W. S. Kelly	(Signed) M. D.
Redistrar.	(Address) A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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The principal cause of death and related causes f importance were as follows: Attack of epilepsy Can over by street car Peritoritis	1 week ago 1 week ago 3 days ago
eritonitis	Q days ago
	o aays ago
other contributory causes of importance:	1 year

Exact statement of OCCUPA-

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAINLY,

N. B.

be properly classified.

OKD. Every item of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF BEATTI
County Angungut, Co.	Registration Dist. No.
Meas One Lee I'm	marecolo her us Afor heary
Village of City Marieuro 19100	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	osds. How long in U.S. if of foreign blrth?yrsmosds
2. FULL NAME Rdua Green.	If U. S. Veteran, specify WAR
(a) Residence: No. murn mo	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
fine cue numero	(Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. Thet I ettended deceased from
HUSBAND of Elmer Freem	22. I HEREBY CERTIFY, Thet I ettended decessed from
6. DATE OF BIRTH (month, day, and year) Cana 8 1936.	Hest saw has alive on 19 3-4 death is sel
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than	to have occurred on the data stated above, atm,
3 / 1 day,hrs	
ormin.	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, atc	Our fred Duy go
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL RANK atc	1 2
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.	D' 1. (01' '1' 4 0 00
U 10. Date dacaasad lest workad at 11. Total time (yaers)	Primary cause! Saldingities frobally goro-
yaar) spentin this spentin this occupation	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town).	Petro enlules hoth
(State or country)	
13. NAME Wiltur Millur	
13. NAME WILLIAM MULLING 14. BIRTHPLACE (city or town) Pud	Neme of operation watery & Donney Dete of the 7
(Stata or country)	What tast confirmed diagnosis?
IS. MAIDEN NAME Ely of the pelson	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Ely of the Delson. 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Dete of injury19
State or country)	Where did injury occur?
Przes Dreshla D	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17, INFORMANT (Address)	
18. BURIAL, CREMATION, OR REMOVAL	, Manner of injury
Place / Mrsure Majore 1/1, 193	Natura of injury
La marray Se or 10 M Jelah 11 an	24. Was disaase or injury in any way releted to occupation of deceased?
19. UNDERTAKER AND WARRING TO STATE OF THE S	If so, spacify A
8/11 /3/ (Part 1) 12 min	(Signed) Sesses 6 Coulling M.
20. FILED 2 Registrar.	(Address) massin fte Due
	ar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I V E D	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arlerioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state

1. PLACE OF DEATH

(Address)

S. No.

STATE OF MARYLAND-CERTIFICAT

OF DEATH 0001
Registration Dist. No. 264
St., Ward
if of foreign birth?ds.
If nonresident give city or town and State CERTIFICATE OF DEATH
(Month) (Oay) 193 (Year)
BY CERTIFY, That I attended deceased from
, 19, 19, 19; death is said
stated above, at 2m.
Oats of onset
Bronchilis
cian in allendance
importance:
Rept
Oate of
? Was there an autopsy?
ol causes (VIOLENCE) fill in also the following:
Date of injury, 19
(Specify city or town, county and State) ed in LADUSTRY, in HOME, or in PUBLIC PLACE.
vone
iny way related to occupation of deceased? Mo
Diekinson Local Ray
Phone To prome 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

(Signed).

(Address)

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SEP 4 1998				
Other contributory causes of importance:		Other contributory causes of importance:		
Gollstones	Moy 1,1923	Gastroenteritis	1 year	
Local Control of the				

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•======================================	

Registar.

If more Manks are needed, address State Registrar,

(Address)

8553

	W	Registration	Dist. No. Z	60
No	in a hospital or institut	tion, give its NAM	IE instead of stree	t.,Ward
ds.	How long in U.S. if of	f foreign birth?	yrs	ds.
aly	1000	<		
St.,	_Ward.	If nonresiden	it give city or tow	n and State
	MEDICAL CI	ERTIFICAT	E OF DEAT	гн
21. DATE	OF DEATH	1	218	the c
		(Month)	(Day)	(Year) .
22.	HEREBY	CERTIF	Y, That I atte	ended deceased from
		19, to		19
I lest saw h_	elive on		, 19	; death Is seld
1 2 3 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3	rred on the dete state			
were es follo	PAL CAUSE OF DEAT	H and related cau	ses of Importance	Date of onset
()				Date of onset
Jas.	Tur	reule	m.	6
				m
	*			P
Other Contri	bntory Canses of impo		0	
		- Op	a rela	7
	retion			
	nfirmed diagnosis?			
	es due to external cau			
Accident, sui	cide, or homicide?		Dete of Injury	, 19
Where did in	jury occur?	(Specify city o	r town, county ar	d State)
Specify whet	her injury occurred in	INDUSTRY, In H	DME, or in PUBL	IC PLACE.
			••••••	
Manner of in	jury			
Neture of Inj	ury			
24. Was diseas	se or injury in eny we	ey releted to occu	pation of deceese	d?
If so, specify	I NIA	7/11	A	-0-1
(Signed)	1 June	y Ma	f-ma	elevo (mos)
1	Address / W	Cless	as dr	
2411 N. Charles	Street, Baltimore, Rec	questing U. S. No). I.	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
QUEEAU V. S.	7/			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
•				

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAINLY

N. B.

properly classified.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1	17	5	et.
0	1	U	->

	1. PLACE OF DEATH	600
	County Sourcesch	Registration Dist. No. 268
	Village or City Willows	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
11	A-4	ds. How long in U.S. if of foreign birth?yrsmosds,
	2. FULL NAME Fronge W. Hor	Laculty 8 Veteran, specify WAR
	(a) Residence: No. Wentouch Mid	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORGED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
	5a. If married, widowed, or divorced HUSBAND of (er) WITE OF Mallie Holse	22. I HEREBY CERTIFY, Thet I ettended decessed from Aug (7) 1936 to Quy (7) 1936
	6. DATE OF BIRTH (month, day, and yeer) Sept 16-1863	I last saw h. in Jalive on
nca	7. AGE Years Months Deys If LESS then 1 day,hrs.	to have occurred on the deta stated above, et
	ormin.	were as follows: Date of onest
2 10	8 Trede, profession, or particuler kind of work dona, as SPINNER, Corperties SAWYER, BDOKKEPER, etc.	Co in the same of the contract
K	9. Industry or business in which	Chronic My oco ditio. Curt a. J.
on back	work wes done, as SILK MILL, SAW MILL, BANK, etc	and anon A mon resources
	- I this book pation (month one spont in this	
ous	year) occupation	Other Contributory Causes of importance:
instructions	12. BIRTHPLACE (city or town) (State or country) Ulaux (state or country)	
Stri		
	I Mean land	
Dec	14. BIRTHPLACE (city or town) (Steta or country)	Neme of operation
.		What test confirmed diegnosis? Wes there en eutopsy? LD 23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:
ımportanı	15. MAIDEN NAME CLUB SIX	Accident, suicida, or homicida?
por	Stata or couptry)	Whare did injury occur?
very im	17. INFORMANT Howard Storscupen	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
13	Placa Vol Island Data Chy 191936	Netura of injury
2	19. UNDERTAKER TOSHUE bales	24. Was disease or injury In eny way releted to occupation of deceased?
-	(Address) Leols Glowotti	If so, specify
1	20. FILED aug/9. 1936 Roma Metter	(Signad) M. D.
	Registrar.	(Address) Rals John M.A.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	19	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arterioselerosis Fili FD	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B.-WRITE

V. S. No. 1

	infor-	state	UPA-		
	Jo m	plnoy	OCC		
	ite	00	Jo		
Y	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		
1	T Co	Y. PH	Exact		
	RMANEN'	XACTL	classified.		
	S A PE	ated E	roperly	TION is very important. See instructions on back of certificate.	
	SI	00	id a	cel	
	HI	Q P	y be	k of	
	J	nou	ma	bac	
	N	B	t it	on	
	DN	AGI	tha	ions	
	ADI	d.	, S0	ruct	
	NF	plie	rms	insti	
	D	dns	in te	see	
	VIT	fully	n pla	1t.	
	Y, 1	are	H ir	rtar	
	E	pe o	EAT	mpc	
	LA	plu	F Di	ery i	
	E E	sho	3 01	IS V	
	RIT	tion	USI	NO	
	M	ma	CA	TIC	

STATE OF MAR 1. PLACE OF DEATH	YLAND-	CERTIFICATE OF DEATH	08757
County Amanael		Registration Dist. No.	260
Village or City Callage The		M	St., Ward
Length of residence in city or town whara death occurred		ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME 24	orsey		
(a) Residence: Np.	1	St., Ward.	
(Usual place		If nonresident give city or to	
PERSONAL AND STATISTICAL PARTI 3. SEX 4. COLOR OR RACE 5. SINGLE, MAR		MEDICAL CERTIFICATE OF DEA	TH
male est OR DIVORCE	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day)	193 (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I at	tended deceased from
6. DATE OF BIRTH (month, day, end year) Ling 27	1936	I last saw h alive on, 1	9; death is sale
7. AGE Years Months Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
1 Trade profession or particular	ormin.	were as follows:	Date of enset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.		10	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 1D. Date deceased last worked at this occupation (month and		Hellom	
	ime (yaars) nt in this upation		
12. BIRTHPLACE (city or town)		Other Contributory Causes of importance:	
13. NAME Of the Act of		Name of operation	
(State or country)		Name of operation Da What tast confirmed diagnosis? Was the	
15. MAIDEN NAME	nem	23. If deeth was due to external causes (VIOLENCE) fill in also the fo	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	2	Accidant, suicida, or homicida? Date of injury_	-
17. INFDRMANT Acips (Address) Washington		(Specify city or town, county a Spacify whather injury occurrad in INDUSTRY, in HDME, or in PUB	and State) LIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	27 ,136	Manner of injury	
19. UNDERTAKER Wishlow on		24. Was disaase or injury in any way related to occupation of deceas	ed?
20. FILED 8/77 , 1986 9/Hann	ela Registrar.	(Signad) Thurs Not-us all	ey Song

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1 050 8 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
L. M.			,	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE C	FM	ARYLAND-	-CERTIFIC	CATE	OF	DEATH
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0	0	5	ę)	

1. PLACE OF DEATH	\	94-8	761
County American	A	Registration Dist. No.	Ct Ward
Village or City 22MM	27g()[No. [death occurred in a hospital or institution, give its NAME instead of st	St.,Ward reet and number)
Length of residence in city of town whe	re death occurredmos	ds. How long in U.S. If of foreign birth?yrs	ds.
2. FULL NAME	the Husey		
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or t	own and State
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
3. SEX A. COLOR OR RACE Col-	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Quy /3	, 193 4 (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I	attended deceased from
6. DATE OF BIRTH (month, day, and year)	1879 July 12	I last saw h elive on assaul	; death is said
7. AGE Years Months	Days / / LESS than	to have occurred on the date stated above, atl_l_a_m.	
57 1	I'dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importa	
8. Trade, profession, or particular			Date of onset
Mend of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Coursey Enboli	7/23
9. Industry or business in which work was done, as SILK MILL,	Tomers	4	
Name of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spant in this are occupation		
12. BIRTHPLACE (city or town) - 222 - 22. (State or country)		Other Contributory Causes of importance:	
	- LTWA	_	
H O	200	N-ma of acception	Data of
14. BIRTHPLACE (city or town)		Name of operation What test confirmed diagnosis? Was	
15. MAIDEN NAME Zami	A Commence of the Commence of	23. If death was due to external causes (VIOL ENCE) fill in also the	
15. MAIDEN NAME A	- D	Accident, suicide, or homicide? Date of Injur	
(State or country)	· · · · · · · · · · · · · · · · · · ·	Where did injury occur?	
17. INFORMANT Joshua Husey (Address) my my		(Specify city or town, count Specify whether Injury occurred in INDUSTRY, In HOME, or In PU	y and State) IBLIC PLACE.
18. BURIAL, CRIMATION, OR REMOVED.	terepore \$ 16, 1936	Manner of injury	
19. UNDERTAKER LES TO	Telghenary	24. Was disease or injury In any way related to occupation of dece	
(Address)	Justia Bours	If so, specify fungh Cuelling (Signest)	
20. 1166	Registrar.	(Address) . Presson Dass	3

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

CAUSE mation

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state

should

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

Date of onset

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Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1990	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SEP 3	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied.

B.—WRITE PLAI

V. S. No. 1

1. PLACE OF DEATH	102 1 1
County somewest	Registration Dist. No. 761
Village or City Masson	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Morwood Jone	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED write the wol	
5a. If marriad, widowad, or divorcad	(MontM) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) San 16-1981	I last saw h alive on Green e 2 19 3 4 death is sai
7. AGE 2 Years Months Oays If LESS to	
7 8 1day,	-hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of once
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	acul Der 7 Henry Egg,
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc 9. Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, atc 10. Date daceased last workad at this occupation (month and	Topsung
and dood patient (months and a fall a	
year) occupation	Othar Contributory Causes of importance:
12. RIPTHPLACE (city or town) Makani	Propoles Premound: en 15
	- I expt out was probably proced-
13. NAME John Jones 14. BIRTHPLACE (city or town) Marines	ed by De Rolde Cursing,
14. BIRTHPLACE (city or town)	Name of operation Dete of
	Whet test confirmed diegnosis? Was there an au'opsy? Was there an au'opsy?
15. MAIDEN NAME Della Joses	23. If death wes due to external ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Magazina (State or country)	Accident, suicide, or homicide?
(State of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT John Jones In CA	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Banch Coulout Date Olica 74,19	Manner of Injury Nature of Injury
Elecan & M. C. A	24. Wes disease or injury in any way related to occupation of daceasad?
19. UNDERTAKER (Addrass)	If so, specify .
90/11 21 June 1900 210	(Signed dering & Coullism M.
20. FILED 1977, 1920 June 10 Name Registr.	ir. (Addrass) na ssom sta mo

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.

 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	
	\\ 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
927 3 V. 5			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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of OCCUPA-

Exact statement

properly classified.

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certificate.

TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may

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STATE OF MARYLAND—CERTIFICATE OF DEATH

8558

1. PLACE OF DEATH	(8240)
County Somerset	Registration Dist. No. 26 D
Village or City Welstonels RFD-	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
11:11:	s. 13. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Welliam Laster	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Jrade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country)	I last saw h alive on 19 ; deeth is seid to heve occurred on the date stetad above, at SiDOAm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset Her lettle information Corel Date of onset He was a transit about had been in the county for about six weeks the said Other Contributory Causes of importance: Land he did not have any
13. NAME not known	This death was probably see to apoplean culture.
(State or country)	Name of operation Dete of Dete of What tast confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME mut known	23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME WILL KNOWN	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Della armstead (Address) mustouer mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or fn PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Western Date 16 ,1936	Menner of Injury
19. UNDERTAKER Buried by Jame hours (Address)	24. Was disaase or injury in any way related to occupation of decaased?
20. FILED Deg. 16, 1936 Month Registrar.	(Signed) Al Johnson M. D. Corney Health 1999 (Address) Prince and med-
If ment blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis SFP 8 1333	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8559			
1. PLACE OF DEATH	POPATE I PARTY (53-E)			
County Somered	Registration Dist. No. 2 65			
Village or City Crufield	No. 113 S 4 14 st, Ward			
Length of residence in city or town where deeth occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)			
2. FULL NAME Clume Frances Mu	whene If U. S. Veteran, specify WAR			
(a) Residence: No. 1/3 S, 4 79	St., Ward.			
(Usual place of abode)	If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE OR DIVORCED Gwrite the word) Server de word	21. DATE OF DEATH (Month) (Yeer)			
5e. If married, widowed, or divorced / HUSBAND of (or) WIFE of	22. / I HEREBY CERTIFY, Thet I ettended deceesed from			
(or) wire or	april 20 3036, 10 chiny 19 1980			
6. DATE OF BIRTH (month, day, end yeer) May 2, 1900	I lest sow how elive on Charge 16 1936; deeth is said			
7. AGE Yeers Months Deys If LESS than 1 dey,hrs.	to heve occurred on the dete stated above, A S M m.			
36 3 /7 ormin.	The PRINCIPAL CAUSE OF DEATH end related courses of Importence were es follows:			
8. Trede, profession, or perticulier kind of work done, as SPINNER, House Work SAWYER, BDDKKEPER, etc.	A			
9. Industry or business in which	Jacoma of Masser July			
SAW MILL, BANK, etc. House Read	J			
- Spoint in this start in this				
0. 0. 6.00	Other Contributory Causes of importance:			
12. BIRTHPLACE (city or town) (State or country)				
// 7/ // //				
14. BIRTHPLACE (CHY OF TOWN) Occome CO. Va	Neme of operation Date of			
(State or country)	Neme of operation Date of What test confirmed diagnosis? Was there en eutopsy?			
15. MAIDEN NAME Partiel Bruiller	23. If deeth wes due to externel ceuses (VIDLENCE) fill in also the following:			
15. MAIDEN NAME Party Bruffler 16. BIRTHPLACE (city or town) Lawrence Control of Control or country)	Accident, suicide, or homicide? Dete of Injury19			
∑ (Stete or country)	Where did injury occur?			
17. INFORMANT Racket Marshall	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.			
(Address) 18. BURIAL, CREMATION, DR REMOVAL A				
Place Fawsond Con Date ling 2/ 1936	Menner of Injury			
19. UNDERTAKER TO My a Grodsfaw (Address)	24. Wes disease trailury in eny way releted to occupation of deceased?			
20. FILED Clay 36 le & lealling Registrar.	(Signed) W. D. Cartale J. M. D. (Address) Crafic Set Dul			
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.				

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Example I	1	* Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF I	MARYLAND—CERTIFICATE	OF	DEATH
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0	1	0	11
0	()	6	U

1. PLACE OF DEATH	at -	Registration Dist. No. 2 & Le
Village or City	Jylaxton (II	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U. S. If of foreign birth? yrs, mos. ds
2. FULL NAME Ifilli. (a) Residence: No.	am Mensfeall	St., Ward.
PERSONAL AND STATIS	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White	OR DIVORCED (write the word)	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WiFE of 6. DATE OF BIRTH (month, day, end year)	4 a Marshau 7et 25 1855	22. I HEREBY CERTIFY. Thet I attended decessed from Chiquest 2., 19.3 6, to Chiquest 19., 19.3 6. Ilast saw Manne elive on China 191. 1936; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, eVLSm. The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Walerran II. Total time (years) 9 spant in this occupation	**************************************
12. BIRTHPLACE (city or town) (State or country)	lulon md	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) (Stete or country)	P vas	Name of operation Date of What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	marshall	23. if death was due to externel ceuses (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION OR REMOVAL Place Jylenlon M	L Date aug 21,19 3 6	Menner of injury
19. UNDERTAKER JOSO C. /S (Address) Grafiel	radshow	24. Wes disease or injury in any wey related to occupetion of deceesed?
20. FILED (20 21, 1936 C	arrie M Hilchice Registrar.	(Signed) J. J. O. O. M. (Address) Essell synd. 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

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Example 1		Example II	
The principal cause of death and related cau of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU	V		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—W 8561

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH				,
County Some	2et		Registration Dist. No. 26	
Village or City 200	esim	7.00	NoSt.,	Ward
Length of residence in city or town	whore death accurred 65 ve		death occurred in a hospital or institution, give its NAME instead of street and numb	
2. FULL NAME	Elian me		If U. S. Veteran, specify WAR	
(a) Residence: No.	usun mid		St Ward.	
(4) 110140110011101	(Usual place of about	de)	. If nonresident give city or town and State	3
PERSONAL AND STA			MEDICAL CERTIFICATE OF DEATH	
mal 4. color or RA	CE 5. SINGLE, MARRIED, OR DIVORCED (write		21. DATE OF DEATH (Month) (Day) (Day)	(Year)
5a. If married, widowed or divorced HUSBAND of				
(or) WIFE of Dennes	ia miles	,	22. HEREBY CERTIFY, Thet I attanded decer	ased from
6. DATE OF BIRTH (month, day, end yaer	about 65 V		I last saw h alive on Carry 4 19 3.5 de	eth is said
		f LESS than	to heve occurred on the date stated abova, at 3 P. m.	
65		ay,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
Trede, profession, or particular			Date as follows.	to of onset
kind of work done, as SPINN SAWYER, BOOKKEEPER, etc	IER,		acul De 7 Heurs	
kind of work done, as SPINN SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL SAW MILL, BANK, atc	. Hohres		Usema	
SAW MILL, BANK, atc	11. Total time (ve	are)		
this occupation (month and yaar)	935 spant in th	11520066		
N	u J		Other Contributory Causes of Importence:	
12. BIRTHPLACE (city or town)	<u></u>		Messis had medulo h	400
13. NAME Hany	miles		Oliver markets	-1.7.3.
E V			Name of a section	
14. BIRTHPLACE (city or town) (State or country)	XXX.		Name of operetion Dete of What test confirmed diagnosis? Was there an autop	
15. MAIDEN NAME CANNA	i Lous.		23. If death was dua to external causes (VIOL ENCE) fill in elso the following:	ay (
15. MAIDEN NAME (MAIDEN NAME (16. BIRTHPLACE (city or town).)	20		Accident, suicide, or homicide?	19
Stete or country)			Where did Injury occur?	,
17. INFORMANT Genzie	ria miles		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE,	
(Address)	n Jacob			
18. BURIAL, CREMATION, OR REMOVAL Place Manual	Mahata 8/9	1,36	Manner of Injury	
Hea W	- We shares	1111	24. Was disease or injury in any way related to occupetion of daceased?	
19. UNDERTAKER (Addrass)	marion	Mad	If so, spacify	
8/1 3/	auxlin 12	Dine -	(Signed) Lunge 66 oullner	M. D
20. FILED, 19	- june we IV	Registrar.	(Address) mann ond	

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8562
1. PLACE OF DEATH	12200
County () & MUSU	Registration Dist., No.
Village or City Profield	No. Mc Wardy Allmoured Hostital Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U. S. If of foreign birth?
Of a Man a Day	
2. FULL NAME (Narlis Wanus Magner	If U. S. Veteran, specify WAR
(a) Residence: No. ———————————————————————————————————	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (warite the word)	21. DATE OF DEATH (Mooth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mch 15- 1936	I last say have alive on Care 2 % , 19 3 4; death is said
6. DATE OF BIRTH (month, day, and year) /// / 5 / 7 5	To have occurred on the date stated above, at
0 5 /4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	were as rollows:
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Intestruel distruction any 26
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Primary cause of the intestinal shotare-
SAW MILL, BANK, etc	tion's intussisception. CWFR
11. Total time (years) this occupation (month and year)	
12 MINTING ACE CALLES Cristield	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Charles Mosper	
13. NAME Charles Thosper 14. BIRTHPLACE (city or town) Cruspied (State or country)	Name of operation Lagrantoning & Mortrustera Date of Quy, 28.
(State or country)	What test confirmed diagnosis? Landal : Suntel Was there an autopsy? NO.
15. MAIDEN NAME Pauline Swift	23. Il death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Pauline Swift 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of Injury,19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Karlo Mosher (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place (Story Com Date 1991 , 19 > 6	Nature of injury
19. UNDERTAKER John (1) Gradshaw	24. Was disease or injury in any way related to occupation of deceased?
(Address) Centuly Ind	If so, specify
20. FILED John 1986 le 6 Calling	(Signed) &: Lu. Peyton M.D.
Registrar.	(Address) Cris Talk Mid

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH

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(S-1-0+	93-0
County Domers	Registration Dist. No. 208
Village or City have	
Length of residence in city or town where deeth occurredyrs	nosds. How long In U. S. if of foreign birth?yrsmosd
2. FULL NAME Jacob Vice	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Dey) (Yedr)
If merried, widowed, or divorced HUSBAND of CONTINUED Service HUSBAND OF	22. I HEREBY CERTIFY, That I attended deceased fro
DATE OF BIRTH (month, day, end beer) 1870 sunknown	
/ / I dey,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8_Irede, profession, or perticular	were es follows:
kind of work done, es SPINNER, Walerman	- 00 1/ 1 lora Vilis cure ply
9. Industry or business in which work was done, es SILK MILL, Crab brat	Directions 16 months.
10. Dete deceasad last worked et this occupation (month and year) 11. Total tima (years) spent in this occupation 40%	(ad
BIRTHPLACE (city or town) Classes M. (Stete or country)	Other Contributory Causes of Importence:
13. NAME Maria Price	
14. BIRTHPLACE (city of Jown) Chure, Md	Neme of operation Date of
(State or country)	Whet test confirmed diegnosis? Was there en eutopsy?
15. MAIDEN NAME // argoret Jones	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stata or country)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
BURIAL, CREMATION, OR REMOVAL Place Chance and Data any 23, 19	Menner of injury
UNDERTAKER F. T. Webster Md.	24. Wes diseasa or injury in eny way ralated to occupetion of decoesad?
FILED aug 231934 Pora Welster	(Signad) M. Shevils a.M.

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Chronic interstitial nephritis 55 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUSEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND-	CERTIFICATE	OF	DEATH
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8564

1. PLACE OF (DEATH	—— (III)
County & Merset	Registration Dist. No. 270
/ /	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Charles Calvin Pobe	Uson If U. S. Veteran, specify WAR
(a) Residence: No. Hofunell (Usual place of abode)	St., Ward. If conresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, Thet attended deceased from
6. DATE OF BIRTH (month, day, end year) Det 11 1934	I last saw h alive on O 15 01956; death is said
7. AGE Years Months Oays If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, a
8. Trade, profassion, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc	Culitia Cons
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as Stl. K Mill., SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and	1/93
70. Date decaesed last worked et this occupation (month and yeer)	
12. BIRTHPLACE (city or town) To hewill (State or country)	Other Contribotary Caoses of Importance:
13. NAME Thomas Pobertson	
13. NAME / Romas Poberson 14. BIRTHPLACE (city or town) Somerast Co (State or country)	Name of operation Data of What test confirmed diegnosis? Wes there en autopsy?
15. MAIOEN NAME Manie Hudson 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
State or country)	Accident, suicide, or homicide?
17. INFORMANT Tomas Robulson (Address) Lafeurel Comp	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place For Lynch and One Oug 27, 19 36	Menner of injury
19. UNOERTAKER DM Sisuods faux (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO asses 1, 1936 lo Elouelina Registrar.	(Signed) CAddress) leverafield, mil

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chromis intenditial population CEP 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephriles SEP 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	CERTIFICATE OF DEATH	8565
1. PLACE OF DEATH	(31)	
County () DMUSU WITHIN COR	REPORATE LIMITS OF Registration Dist. No. 2	65
Village or City Christield	No. 1 ofer of st.	Ward
	f death occurred in a hospital or institution, give its NAME instead of street and s	d number)
2. FULL NAME Ser I nead	If U. S. Veteran; specify WAR	
(a) Residence: No. 4 N	St. Ward.	
(Usual place of abode)	If nonresident give city or town as	nd State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite tha word)	21. DATE OF DEATH (Mg/lth) (Day)	, 193 <u>/</u>
5a. If marriad, widowad, or divorcad HUSBANO of	22. I HEREBY CERTIFY. That I attended	
(or) WIFE of None	22. I HEREBY CERTIFY, Thet I attenda	103 L
6. DATE OF BIRTH (month, day, and year) whenever	Hast sawh alive on Gran 20 13	bedaath le sald
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, et 6 m.	4-,00001133814
about 65? ? 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows:	
Trada profession or particular	were as ronows.	Oate of onsst
S Jrada, profassion, or particular kind of work dona, as SPINNER, Gabour		
Andustry or business in which work was dona, as SILK MILL,	Emome helps	ham
SAW MILL, BANK, etc.		alm
10. Data decessed lest worked et this occupetion (month and year)		och
(Angarian and	Other Contributory Causes of Importance:	1433
12. BIRTHPLACE (city or town) (State or country)		
Ŧ.	No. of a state	
14. BIRTHPLACE (city or town) (Stata or country)	Neme of operation Oete of	
15. MAIOEN NAME Unks nown	What test confirmed diagnosis? Was there at 23. If daeth was due to external causas (VIOLENCE) fill in also tha following the confirmed was due to external causas (VIOLENCE).	
15. MAIOEN NAME UNIS NAME 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide?	
S (State or country)	Where did Injury occur?	
17. INFORMANT Dujimen Priscoe (Address)	(Specify city or town, county and Si Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC F	late) PLACE.
18. BURIAL, CREMATION, OR REMOVAL: Compare Line Oate Line 21, 1936	Manner of Injury	
19. UNOERTAKER JOM U Brokstan	24. Was disease or injury In any way related to occupation of dacaasad?	
30. FILEO any 4, 1936 le Elevelina Registrar.	(Signad) Co E Cerebert (Address) Constitution	West.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M)	D. Every item of infor-	IYSICIANS should state	statement of OCCUPA-	
FOR BINDING	IS A PERMANENT	stated EXACTLY. PI	properly classified. Exact	certificate.
MARGIN RESERVED FOR BINDING	UNFADING INK-THIS	y supplied. AGE should be	ain terms, so that it may be	See instructions on back of o
V. S. No. 1	N. BWRITE PLA Y, W. UNFADING INK-THIS IS A PERMANENT OF D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

V. S. No. 1

	CERTIFICATE OF DEATH 8566
1. PLACE OF DEATH Sympasty	39
County	Registration Dist. No.
Village Dr City	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred by yrs mos.	
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of leva Jeagle	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Marel 2 1888	I last saw have alive on 193 death is said
7. AGE \ Years Months Aays If LESS than	to have occurred on the dete steted above, et
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade, profession, or particular	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et	
11. Total time (years) spant in this year)	
12. BIRTHPLACE (city or town) Shell Assume (State or country)	Other Cantributary Causes of Importence:
13. NAME 13. NAME	arlin
14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diegnosis? Was there an au'opsy?
15. MAIDEN NAME	23. If death was due to external causes (VIDL ENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country)	Accident, suicide, or homicide?, Date of Injury, 19
17. INFORMANT Rena Tangle	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Mount Co Ind	
Place morume o my Date Oug 16 1934	Manner of Injury
19. UNDERTAKER Chan H word	24. Was diseese or injury in any way releted to occupation of deceased?
(Address), marios and	If so, specify
20. FILED 8/13 , 1936 Jurelia 12 Jawson	(Address) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of coset	The principal cause of death and related causes of importance were as follows:	Data of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis,	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
V 5	Ì		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE

certificate.

See instructions on back of

STATE OF MARYLAND-CERTIFICATE OF DEATH

6.	por	18	644
1	13	13	3
9	U	1	W

1. PLACE OF DEA	ATH			93-0	
	erset			Registration Dist. No. 263	-
Village or City	risfie]	d W	THIN COR	PORATE LIMITE AND	Ward
			(If	death occurred in a hospital or institution, give its NAME instead of street and number	er)
Length of residence in				ds. How long in U.S. If of foreign birth?yrsmos	ds.
2. FULL NAME		E Thom		If U. S. Veteran, specify WAR	
(a) Residence: No.	F13	est stre		St., Ward.	
DEDCOMAL A		(Usual place		If nonresident give city or town and State	
PERSONAL AI		1		MEDICAL CERTIFICATE OF DEATH	
J. SEA	OR OR RACE	OR DIVORCE	(write the word)	21. DATE OF DEATH (Month) (Day) (Day)	6
5a. If marriad, widowad, or div	rorced			V	(Yeer)
HUSBAND of (or) WIFE of	Isai	lah Thom	128	22. I HEREBY CERTIFY, Thet I attended decee	
6. DATE OF BIRTH (month, d	av and vear) %Fe	v 10 18	255	I last saw h. Ch. alive on Que 14 , 1936; dea	
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, et 12:00 more	13 3410
70	3	4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	
8. Trade, profession, or	particular			Date	e of onset
SAWYER, BDOKKE	, as SPINNER, EPER, etc	Housewi	fe		734
9. Industry or business work was done, as	in which				
kind of work done SAWYER, BDOKKE 9. Industry or business work was done, as SAW MILL, BANK, 10. Date deceased last w					
1D. Date deceased last w this occupation (m year)	onth end	II. Total i	ime (years) int in this upetion		
12. BIRTHPLACE (city or town	Tang	ier		Other Contributory Causes of Importanca:	0 - 3
(State or country)		Va		Sampleda of told 193	
II 13. NAME JO	hn Lair			The state of the s	Y
14. BIRTHPLACE (city or	lawa	Tan gi	The second second	Nama of operation Deta of	
(State or country)			∇ a	Whet test confirmed diegnosis?	
15. MAIDEN NAME	Malind	ia Pruit	t	23. If death was due to external causes (VIOL ENCE) fill in also the following:	yr-ucg.
15. MAIDEN NAME 16. BIRTHPLACE (city or to country)	nwn)	Tangie	r	Accident, sulcide, or homicide? Date of Injury	10
(State or country)		***************************************	Va	Where did injury occur?	13
17. INFORMANT	Mrs Fl	lossie G		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.	
(Address) 18. BURIAL, CREMATION, OR	REMOVAJ	0-2044	In Inch		
Placa Live	gld	DateAU	g 16,19 36	Menner of injury	
19. UNDERTAKER (Address)	n (1 Bi	ods f	ow	24. Was disease or injury in any way related to occupetion of daceasad?	2
20, FILED any 16	19 6	E leve	Registrar.	(Signed) A. M. Parton. (Address) Creational had	M. D
	If more	blanks are needed,	address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I Example II The principal cause of death and related causes. Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Jaly 5, 1927 Cerebral hemorrhage Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
		_ ~		0		A SEE OF CLARE.

F.819 Q666 H.618 B.506 J.54 S W Svery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT JARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Somerel	Registration Dist. No. 268
Village or City Deal Aland Md.	NoSt.,Ward
Length of residence in city or town where deeth occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?
2. FULL NAME Stattom Bely, (1)	alters
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 8-27-34	I lest saw h elive on
7. AGE Years Months Days If LESS than	to heve occurred on the dete stated above, atm.
O O I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Date of vision
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	The said The
work was done, as SILK MILL, SAW MILL, BANK, etc.	Vo manity
SAWYER, BOOKKEEPER, etc.	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Deals Joland My	
(State or country)	
13. NAME Harold walls 14. BIRTHPLACE (city or town) Deals Deland Md (State or country)	
14. BIRTHPLACE (city or town) Deals Holeman + MA	Name of operation Date of
(State of Country)	Whet test confirmed diegnosis? Was there en eutopsy?/_/_
15. MAIDEN NAME Many & Shore 16. BIRTHPLACE (city or town) & Salar Shore (State or country)	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur?
P. Slave	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) A Second Manual Man	opening whether mighty occurred in Photostat, in nome, or in Cobeto Teace.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Dead My Date 6 - 27, 1936	Nature of Injury
19. UNDERTAKER L. W. Welsler	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Deel Deland, good.	If so, specify
20. FILED	(Signed) M. D. (Address) M. D.
	24xx N. Charles Street Baltimore, Peauesthing 7) S. No. 2

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Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis SEP 3 1934	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	\mathbf{BY}	PHYSICIAN	-
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V. S. No. 1

B

state of infor-

plnods

item

OCCUPA-

Jo

1. PLACE OF

County____

Village or C

Length of residence

PERSON

2. FULL NAI (a) Residen

5a. if married, widow HUSBAND of (or) WIFE of

6. DATE OF BIRTH

8. Trade, profas

kind of v

(State or country)

15. MAIDEN NAME

(State or country)

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

17. INFORMANT (Addrass)

19. UNDERTAKER

(Addrass)

STATE OF MARYLAND-	CERTIFICATE OF DEATH 8568
F DEAZH	(82-7)
Fomerset	Registration Dist. No. 264
ity Upper Hill	No. St., Ward
denca In city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
ME Heneretta M	aters
ce: No. 21 ffeet Hell (Usual place of abode)	St., Ward. If nonresident give city or town and State
AL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) 2 2 24/193 (F3C
Jelen a. Waters	22. I HEREBY CERTIFY That I attended daceased from Oug. 79 1986 to Club 22 7934
month, day, and year) July 25, 1859	I last saw h. e. f. alive on
months Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, at m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
ssion, or particular pork done, as SPINNER,	were as follows:

SAWYER, BOOKKEEPER, etc 9. Indústry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total tima (yaars) this occupation (month and spent in this occupation _. 14. BIRTHPLACE (city or town) Name of operation What test confirmed diagnosis?. 23. If death was due to external causas (VIQLENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. city or town, county and State) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of Injury 24. Was diseasa or injury to occupation of daceased If so, specify (Signad) Registrar. (Addrass) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis-	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP 4 1930			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis '	1 year
			J. L. F.

-WRITE

8569

1. PLACE OF DEATH	45-D
County Jones	Registration Dist. No. 46
Village or City Princest Cime	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
2 9	sds How long in U. S. If of foreign birth?yrsmosds
han 4 hans	
2. FOLL NAME THE THE	3.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
femal while OR DIVORGED (write the word)	alighest / 193 6
5a. If married, widowad, or divorced	(Month) (Day) (Year)
5a. If married, widowad, or divorced HUSDAND of (or) WIFE of 400 MIE of 100 M	22. EREBY CERTIFY, That I attanded deceased from
Des. 14. Journal	1938, to aug 7, 1931
6. DATE OF BIRTH (month, day, and year) Supply 16 /864	I last saw her alive on aug 7 , 19 36; death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.56 Pm.
71 10 22 1 day,hrs.	were as follows:
8 Trade profession or particular	Oate of onse
kind of work done, as SPINNER, Jones	Carcinous of lower leh 3
9. Industry or business in which work was dona, as SILK MILL,	
SAW MILL, BANK, etc.	
this occupation (month and spent in this	
yaar) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) / Moule lown	
(State or country)	
13. NAME WM M. Olyandle 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State or country) W.D. O.	What test confirmed diagnosis?
15. MAIDEN NAME Cless W. Confield 16. BIRTHPLACE (city or town) Morristocom (State or country)	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) morriettois	Accident, suicide, or homicida?
S (Stata or country) 97 9	Where did injury occur
17 INFORMANT Uso At . Tours	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Princet Carrot	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place P. Warre Data Que 16, 193	Nature of injury
AMS TOR	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) (Address)	If so, specify A
0 0 1 11 1	(Signed) Catherine J. Laupford M.
20. FILED aug . 9 . , 19 He J. f. Smilli Registrar.	(Address) Pauce and Sud
The state of the s	

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